

ROUTING AND TRANSMITTAL SLIP		Date
TO: (Name, office symbol, room number, building, Agency/Post)		Initials
1. LTC Jackson,		
2.		
3.		
4.		
5.		
Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS Bob,
Have read the enclosed description of training process. Although this document needs expansion it serves nicely to provide direction for training. This needs to be shared with Rob, Tom, Joe, et al. It will serve as a basis for developing individual training for each operational person. Also provides guidance for some future in service training.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
LTC R. HARTZELL	5
	Phone No. 5726